

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24468

1. PLACE OF DEATH

County Jackson
Township Low
City James City, Mo.

Registration District No. 3
Primary Registration District No. 16
St. Mary's Hospital

File No. 8-000
Registered No. 8-000
St. Ward

2. FULL NAME

(a) Residence, No. 2839 Wood K.C.K.
(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds.

How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1861
7. AGE YEARS 74 MONTHS 1 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired m. Paifer
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hannover (STATE OR COUNTRY) Germany

13. NAME Johann Glaschoff

14. BIRTHPLACE (CITY OR TOWN) Hannover (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anna Emshoff

16. BIRTHPLACE (CITY OR TOWN) Hannover (STATE OR COUNTRY) Germany

17. INFORMANT Anna Glaschoff (ADDRESS) 2839 Wood K.C.K.

18. BURIAL, CREMATION, OR REMOVAL PLACE mt. Hope DATE July 10 1934

19. UNDERTAKER G. A. Butler & Son (ADDRESS) K.C.K.

20. FILED July 11 1934 M. M. Corne Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1934

22. HEREBY CERTIFY, That I attended deceased from July 6 1934 to July 8 1934

I last saw him alive on July 7 1934. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma - recto-sigmoid Date of onset Jan '34
function
1934 46

Other contributory causes of importance:

Artificial Obstruction

Name of operation apudectomy Date of operation June 6-7

What test confirmed diagnosis? apudectomy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. B. Easton, M. D.

(Address) 822 Anger, Bldg
St. Louis, Mo.

